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## Detail by Entity Name

Florida Limited Liability Company  
SDC-GADOT LLC

### Filing Information

**Document Number** L17000216265  
**FEI/EIN Number** 82-3210076  
**Date Filed** 10/18/2017  
**Effective Date** 10/18/2017  
**State** FL  
**Status** ACTIVE

### Principal Address

w 210 89th street  
Apt. 1k  
NYC, NY 10024

Changed: 04/29/2018

### Mailing Address

w 210 89th street  
Apt k1  
NYC, NY 10024

Changed: 04/29/2018

### Registered Agent Name & Address

SRSL MANAGEMENT, INC  
4101 PINE TREE DRIVE  
UNIT 1530  
MIAMI BEACH, FL 33140

### Authorized Person(s) Detail

#### **Name & Address**

Title AMBR

FORLIT, AMIT  
5-A HABARZEL STREET  
TEL AVIV, IL 69710-02 IL

### Annual Reports

Report Year	Filed Date
2020	04/11/2020
2021	02/03/2021
2022	01/27/2022

**Document Images**

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Florida Department of State, Division of Corporations

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L17000216265  
FILED 8:00 AM  
October 18, 2017  
Sec. Of State  
cmwood

**Article I**

The name of the Limited Liability Company is:

SDC-GADOT LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

13727 SW 152 STREET  
UNIT 649  
MIAMI, FL. US 33177

The mailing address of the Limited Liability Company is:

13727 SW 152 STREET  
UNIT 649  
MIAMI, FL. US 33177

**Article III**

The name and Florida street address of the registered agent is:

SRSL MANAGEMENT, INC  
4101 PINE TREE DRIVE  
UNIT 1530  
MIAMI BEACH, FL. 33140

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: SHIMON GOLDBERGER

### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
AMIT FORLIT  
5-A HABARZEL STREET  
TEL AVIV, IL. 6971002 IL

**L17000216265**  
**FILED 8:00 AM**  
**October 18, 2017**  
**Sec. Of State**  
**cmwood**

### **Article V**

The effective date for this Limited Liability Company shall be:

10/18/2017

Signature of member or an authorized representative

Electronic Signature: AMIT FORLIT

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

**FILED**

DOCUMENT# L17000216265

**Entity Name:** SDC-GADOT LLC

**Jan 27, 2022**  
**Secretary of State**  
**3427915055CC**

**Current Principal Place of Business:**

W 210 89TH STREET  
APT. 1K  
NYC, NY 10024

**Current Mailing Address:**

W 210 89TH STREET  
APT K1  
NYC, NY 10024 US

**FEI Number:** 82-3210076

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SRSL MANAGEMENT, INC  
4101 PINE TREE DRIVE  
UNIT 1530  
MIAMI BEACH, FL 33140 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title AMBR  
Name FORLIT, AMIT  
Address 5-A HABARZEL STREET  
City-State-Zip: TEL AVIV IL 69710-02

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FORLIT, AMIT

**MANAGER**

**01/27/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date